

Sultan School District No. 311

514 4th St
Sultan WA 98294-9474

REQUEST FOR HOME/HOSPITAL INSTRUCTION

SCHOOL DISTRICT NAME Sultan School District No. 311		STUDENT NAME: (Last, First, Middle) Please Print	
CONTACT PERSON David Paratore	TELEPHONE NUMBER (360) 793-9801 x126	STUDENT GRADE LEVEL	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION 1—THIS SECTION TO BE COMPLETED BY QUALIFIED MEDICAL PRACTITIONER

DIAGNOSIS:

- Disease/Injury/Surgery (primary diagnosis): _____
- Drug/Alcohol Treatment
 Pregnancy
 Other * (describe): _____

I certify that this student is unable to attend public school for _____ weeks.

_____	BUSINESS ADDRESS
TYPE/PRINT NAME OF QUALIFIED MEDICAL PRACTITIONER	
_____	CONTACT TELEPHONE NUMBER
SIGNATURE	DATE

SECTION 2—THIS SECTION FOR SCHOOL DISTRICT USE

If the student is eligible to receive special education services, does the IEP team need to meet? Yes No

CHECK ONE

- Original Request
 Extension

Beginning date of instructional time or extension:

MO	DAY	YEAR
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NOTE: Beginning date on extension request must consecutively follow ending date of original

_____	_____
SCHOOL DISTRICT AUTHORIZATION	DATE
_____	_____
CONTACT TELEPHONE NUMBER	

FORM SPI E-310 (Rev. 8/07)